Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

January 15, 2004 Meeting

This chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the January 15, 2004, meeting and the final decisions made after review of the recommendations.

	Description of Recommendation	Final Decision by the Commissioner and the Secretary
#1	**Insulin Therapeutic Class Review** 1. All human insulin is equivalent, and one brand per class (defined as: rapid-acting, short-acting, intermediate-acting, long-acting, insulin for use in pumps, mixed preparations and insulin delivery systems) should be preferred based on cost. 2. Require PA for pen-delivery systems for patients who are unable to manipulate vials/syringes (eyesight, dexterity, comprehension). 3. For any new chemical entity in the Insulin class require a PA and quantity limit until reviewed by the P&T Advisory Committee. 4. Lantus should be available without a prior authorization.	Recommendations approved
#2	**Oral Hypoglycemic Agents** 1. When there is more than one branded product in a class, (examples include but are not limited to: Miglitinides and Alpha-glucoside inhibitors) prefer one product over the others based on cost except for the Glitazones which will be available for patients 65 years of age or older without prior authorization. 2. For any new chemical entity in the Oral Hypoglycemic class require a PA and quantity limit of one tablet or capsule per day until reviewed by the P&T Advisory Committee. 3. Other agents will be available with prior authorization.	Recommendations approved
#3	**HMG-CoA Reductase Inhibitors** 1. The HMG-CoA Reductase Inhibitors are equivalent within their potency class. 2. The HMG-CoA Reductase Inhibitors can be described in terms of their LDL cholesterol lowering potency as “potent” and “less potent”. The potent statins are rosuvastatin, atorvastatin and simvastatin. These agents also vary in cost to the Medicaid program. It is suggested that a minimum of two statins be selected as preferred based on net cost to the KY Medicaid program and that at least one of these preferred agents be in the “potent” category and at least one of these preferred agents be in the “less potent” category. 3. Require a PA for the remaining non-preferred statins and require failure of, or a medical contraindication to the preferred agents. 4. Retain a quantity limit of one tablet or capsule per day for all of the statins except for lovastatin 40mg. 5. For any new chemical entity in the HMG-CoA reductase class require a PA and quantity limit of one tablet or capsule per day until reviewed by the P&T Advisory Committee.	Recommendations approved